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Oral & Maxillofacial Surgery

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TODAY'S DATE \_\_\_\_\_ 20 \_\_\_\_\_

FROM DR. \_\_\_\_\_

INTRODUCING \_\_\_\_\_ AGE \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

PLEASE MARK (X) IF FOR EXTRACTION

PATIENT'S RIGHT

PATIENT'S LEFT

A B C D E								F G H I J							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
T S R Q P								O N M L K							

OTHER SURGERY INSTRUCTIONS:

\_\_\_\_\_ BIOPSY \_\_\_\_\_ SNORING EVALUATION

\_\_\_\_\_ TMJ EVALUATION \_\_\_\_\_ EXPOSE & BOND

IMPLANTS: \_\_\_\_\_ NOBEL REPLACE \_\_\_\_\_ NOBEL ACTIVE \_\_\_\_\_ MINI IMPLANTS

\_\_\_\_\_ SURGICAL STENT NEEDED

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

RETURN X-RAY TO OUR OFFICE

CALL BEFORE PROCEEDING

TAKE X-RAY

SEND MORE REFERRAL FORMS

**MAIL TO DR. REGA**

POSTAGE PRE-PAID